UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		Civ	il Case No. 3:18	-cv-00332	!-YY
LAURA SNYDER	AP.	PLICATION FO	R SPE	CIAL.	
Plaintiff(s), v.			MISSION – PR		
KAISER FOUNDATION	I HOSPITALS, e	t al.			
Defendant(s).					
Attorney Laura	B. Lawson	rec	quests special ad	mission	pro hac vice in
the above-captioned case.					
Certification of Attorney requirements of LR 83-3,				understa	and the
	NAL DATA:				
(1) PERSON	11				
	awson	Laura		B.	
Name: $\frac{L}{a}$	Lawson Last Name)	(First Name)		B.	(Suffix)
Name: $\frac{L}{a}$	Lawson Last Name)		Bacon L.L.P.		(Suffix)
Name: $\frac{L}{a}$ Firm or E	Lawson Last Name) Business Affiliatio	(First Name)			(Suffix)
Name: $\frac{L}{a}$ Firm or E Mailing A	Lawson Last Name) Business Affiliation Address:	(First Name) on: Shook, Hardy & 2555 Grand Boulev	ard	(MI)	
Name: Land Firm or E Mailing A City: Kar Phone No	Lawson Last Name) Business Affiliation Address: 2 nsas City umber: (816) 47	(First Name) on: Shook, Hardy &	MO Fax Number:	(MI) Zip:	64108
Name: $\frac{L}{a}$	Lawson Last Name)	(First Name)			(Suffix)
Name: Land Firm or East Mailing Active: Kar	Lawson Last Name) Business Affiliation Address: 2 nsas City	(First Name) on: Shook, Hardy & 2555 Grand Boulev State:	ard MO	(MI) Zip:	64108

(2)	BAR A	BAR ADMISSIONS INFORMATION:				
	(a)	State bar admission(s), date(s) of admission, and bar ID number(s): State of Missouri, 2001, 51401				
		State of Kansas, 1995, 17150				
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): USDC Western District of Missouri, 2001, 51401				
		USDC Eastern District of Missouri, 2014, 5140MO				
		USDC Western District of Oklahoma, 2010, 10-183				
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:					
	(a) [I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or				
	(b) [☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)				
(4)	CERT	IFICATION OF PROFESSIONAL LIABILITY INSURANCE:				
	Per LR 83-3(a)(3), I have professional liability insurance, or financial responsi equivalent to liability insurance, that meets the insurance requirements of the C State Bar for attorneys practicing in this District, and that will apply and remains for the duration of the case, including any appeal proceedings.					
(5)	REPRESENTATION STATEMENT: I am representing the following party(s) in this case: Defendants Medtronic USA, Inc., Covidien Holding, Inc., and Covidien Sales, LLC					
(6)	CM/E	CF REGISTRATION:				
	Concurrent with approval of this <i>pro hac vice</i> application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File sys (<i>See</i> the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service put to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.					
DATE	D this 2	day of February , 2018				
		(Signature of Pro Hac Counsel)				
		Laura B. Lawson				
		(Typed Name)				

LR 83-3(a)(1) requires you to associate with local counsel unless are requesting waiver of the requirement
under LR 45-1. To associate with local counsel, obtain the signature of local counsel in the following
section. To request waiver of the requirement to associate with local counsel under LR 45-1, check the
following box.

☐ I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request waiver of the requirement of LR 83-3(a)(1) to associate with local counsel and therefore do not include a certification from local counsel below.

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 38 da	ay of February , 2018	
		unen Blacking
	(Signature of I	
Name: Blaesing	Lauren	F.
(Last Name)	(First Name)	(MI) (Suffix)
Oregon State Bar Number: 11330	05	
Firm or Business Affiliation: Marl	kowitz Herbold PC	
Mailing Address: 1211 SW Fifth	n Avenue, Suite 3000	
City: Portland	State: O	PR Zip: 97204
Phone Number: (503) 295-308	5 Business E-mail	Address: LaurenBlaesing@MarkowitzHerbold.com
	COLIDE LOUYOU	
	COURT ACTION	
	ation approved subject to paymer ation denied.	nt of fees.
DATED this28thda	ay of February , 2018	<u> </u>
	/s/ You	ılee Yim You
¥	Judge	